| BIRTH NO. REC. DIST. NO. PRIMARY REC. DIST. NO. PRICLE NO. PRIMARY REC. DIST. NO. PRIMARY REC. DI | 1 R 🖎 🔿 🛦 | HE DIVISION OF HEA | | TL | | . വസ്ത |
|--|---|--|------------------------|---------------------|--------------------------------|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and sire, township) b. CITY (If outside corporate limits, write RURAL and sire, township) frown Kansas City d. FULL NAME OF (If not in bospital or insultantion, sire eleven address or location) HOSPITAL OR HOSPITAL OR RESEARCH HOSPITAL OR RESEARCH HOSPITAL OR BEECASED J. MARE OF (If not in bospital or insultantion, sire eleven address or location) J. NAME OF (If not in bospital or insultantion, sire eleven address or location) J. NAME OF (If not in bospital or insultantion, sire eleven address or location) J. NAME OF (If not in bospital or insultantion, sire eleven address or location) J. NAME OF (If not in bospital or insultantion, sire eleven address or location) J. NAME OF A. (First) J. NAME OF A. (Month) J. SEX WAS DECEASED EVER IN U. S. ARMED FORCES J. NAME OF A. (AND AND AND AND AND AND AND AND AND AND | | | | | | 980 |
| b. CITY (if contained corporate limits, write RURAL and give township TOWN KARSAS CITY OR TOWN KARSAS CITY OF FORMAN OF (if need to be petial or insultation, sire street address or location) INSTITUTION RESEARCH HOSPITAL OR INST | | | 2 USUAL RESIDE | NCE (Where decosed | lived. If instit | ad mission |
| d. FILL NAME OF (If not is bespital or institution, eire street address or location) NOSPITAL OR (IF rout is bespital or institution, eire street address or location) NOSPITAL OR (IF rout, eire to easter) NOSPI | italda corporate limita, write RURAL a | township) STAY (in this place) | OR | | and give townsh | 150 |
| DECEASE (Type or Print) MRS. JAMES SULLIVAN DEATH (Month) DECEASE (Type or Print) MRS. JAMES SULLIVAN SULLIVAN SOFT Feb 27 JAMES SOFT IN COLOR OF RACE White does not make the discase of the soft feb 27 JAMES SOFT IN COLOR OF RACE White Most of the soft feb 27 JAMES SOFT IN COLOR OF RACE White May soft feb 27 JAMES SOFT IN COLOR OF RACE White May soft feb 27 JAMES SOFT IN COLOR OF RACE White May soft feb 27 JAMES SOFT IN COLOR OF RACE White May soft feb 27 JAMES SOFT IN COLOR OF RACE WHITE MAKE SOFT | E OF (If not in hospital or institution OR | | AUDDESS | | Street | 50 |
| Female | a. (First) | b. (Middle) | | OF | | (Day) (Year) 1950 |
| DUSTRY FARMETS NAME Wm. S Graham Mattie Kinsey Thomas J Sullivan S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10 8. CAUSE OF DEATH Citer only one cause per informed he mode of dying, such as heart falture, estheria, tries to the above cause (a) stating tries to the done cause (a) stating tries to the done contributing to the death but not related to the disease or condition causing death. 11. OTHER SIGNIFICANT CONDITIONS Ophitions contributing to the death but not related to the disease or condition causing death. 12. ACCIDENT SUICIDE HOMICIDE 13. MOTHER'S MAIDEN NAME Mattie Kinsey MEDICAL CERTIFICATION MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (b) MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) This does not mean the discass or conditions causing death. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 13. ACCIDENT SUICIDE HOMICIDE 13. MOST MILLE WORK 14. NAME OF HUSBAND OR WISE MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) This does not mean the disease or condition causing death. 15. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 16. OTHER SIGNIFICANT CONDITIONS 17. OTHER SIGNIFICANT CONDITIONS 18. ACCIDENT SUICIDE WORK 19. MAJOR FINDINGS OF OPERATION 210. HOW DID INJURY OCCURT OWNER OF ANY WORK 211. How DID INJURY OCCURT 211. HOW DID INJURY OCCURT 212. How DID INJURY OCCURT 213. ADDRESS 243. ADDRESS 244. ANY AND ANY A | 6. COLOR OR RACE 7. MA White Wi | RRIED, NEVER MARRIED, OWED, DIVORCED (Specify) CLOW | | last birthds | years IF ONDER 1 Months 1 | YEAR OF UNDER 14 HES. Days Hours Min. |
| Wm. 3 Graham Mattie Kinsey Thomas J Sullivan S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) S. WAS DECEASED EVER IN U. S. ARMED FORCES? IS. SOCIAL SECURITY NO. NO. NO. B. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the disable of safety in the mode of dying, such as heart fallure, asthemia, the II means the disable cause (a) stating the underlying cause last. Morbid conditions, if any, gising DUE TO (b) Tase to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT. CONDITIONS Conditions contributing to the death but not related to the disease or condition consisting death. Pla. ACCIDENT SUICIDE HOMICIDE Morbid (Month) (Bpecity) ZID. PLACE OF INJURY (e.g., in or about OF INJURY (c.g., in or about OF INJURY) WHILE AT OF OPERAL MORBID 21. INJURY CEURRED WHILE AT ON WHILE AT WORK | UPATION (Give kind of work of working life, even if retired) Le | DUSTRY | | | / | Z. CITIZEN OF WHA COUNTRY? |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | | | | • | | |
| IB. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, stc. It means the discase, injury, or complication which caused death. ID. OTHER SIGNIFICANT. CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ISB. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE LINDING (Boecity) 21b. PLACEOF INJURY (e.g., in or about SUICIDE HOMICIDE LINDING (Boecity) 21b. PLACEOF INJURY (e.g., in or about SUICIDE HOMICIDE LINDING (Boecity) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. Time (Month) (Day) (Year) (Hour) 21d. Time (Month) (Day) (Year) (Hour) LINDING OF OPERATION 21d. Thereby certify that I attended the deceased from Work AT WORK 21d. Thereby certify that I attended the deceased from alive on the date stated LINDING OF MAJOR FINDING (Degree or title) | ED EVER IN U.S. ARMED FORCES | 7 16. SOCIAL SECURITY NO. | | SIGNATURE OR | NAME | ADDRESS inia |
| Pa. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) 21d. TIME (Month) (Day) (Year) (Hour) OF (NJURY) 21e. INJURY OCCURRED WHILEAT NOT WHILE INJURY 22. I hereby certify that I attended the deceased from NOT 9, 19 49, to 427, 19 50, that I last alive on 127, 19 50 and that death occurred at 6:50 Pm., from the causes and on the date stated (Days SIGNATURE Harold V & Zuder (Degree or title) 23b. Address 23a. SIGNATURE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) | mean mean mean mean mean mean mean mean | on DEATH*(a) DUE TO (b) stating DUE TO (c) CONDITIONS the death but not | nehogenie | Carcin | oma 1 | ONSET AND DEATH |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE INJURY OCCUR? WHILE AT WORK 2. I hereby certify that I attended the deceased from Nov 9, 19 49, to 40, 19 50, that I last a live on 427, 19 50, and that death occurred at 6;50 Pm., from the causes and on the date stated Cas. SIGNATURE HAROLD V. ZUDOT (Degree or title) 23p. ADDRESS | PERA- 196. MAJOR FINDINGS | · · · · · · · · · · · · · · · · · · · | a vale e s | 76 | | 20. AUTOPSY? |
| while at work Norwhile Norwhil | | | 21c. (CITY, TOWN, OR T | OWNSHIP) | (COUNTY) | (STATE) |
| alive on | (Month)_ (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK | 21f. HOW DID INJURY | OCCUR7 | | |
| 23a. SIGNATURE HETOID V. ZUDET (Degree or title) 23b. ADDRESS | that I attended the dec | eased from Nov 9 | | 6 causes and on the | , that I last e date stated | saw the decease above. |
| Harald June MD. U 1600 Vrog. 1000 | JRE HATOLD V. Zuter | (Degree or title) | 600 Prof. | Besg | | 23c. DATE SIGNED 3-/-5つ |
| ta. Burial Crema 24b. Date 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county Burial) Har 2 1950 Ca lvary Cemetery Kansas City, Missou | (Reserve) | 1 | tery 1 | Kansas City, | , Missou | ıri |
| DATE RECORD TO STORATORE | LOCAL REGISTRAR'S SIGNATURES. | ine Holmes | murk, | Lobin Co | | Linwood |

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded on t | the reverse side of this o | ertificate was embalu | ned by me, or by |
|--|----------------------------|-----------------------|------------------|
| | | Student Embelmer | No |
| corking under my personal supervision. | 1 | 42 | 5 |

Signed Struct O. Cidentum

Student Embalmer

Licensed Embalmer No. 11714

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.